



CHAFEE Computer Camp Application

Date: _____

Referred by (agency or DCS): _____

CHINS _____ Probation _____

Current or Previous County of Wardship _____

Deadline February 23, 2007 at 3 pm Indianapolis time

The registration form will not be considered if it is not in the IARCCA office by the deadline.

Eligible Youth:

1. Youth, CHINS and Probation, ages 17-21 up to the 21st birthday, who are in foster care under the supervision of the State of Indiana with a case plan establishing the need for IL services.
2. Youth, CHINS and Probation, ages 17-21 who were formerly in foster care as a CHINS between the ages of 16-18 who were returned to their own homes and remain a CHINS with a case plan establishing the need for IL services.
3. Youth who were adopted or placed in a guardianship from foster care at age 16 or older.
4. Youth who turned 18 in foster care and are currently receiving Chafee services.

Name of Youth _____ DOB ____ / ____ / ____ Age _____
(Please Print) ☐ Female ☐ Male

Address _____ City _____ Zip _____

County of Residence _____ Phone _____

Type of Residence ☐ Own Home ☐ Foster/Relative Home ☐ Residential facility/Group Home ☐ Other

Please list other phone number at which you can be reached? _____

Race: ☐ White, Not Hispanic ☐ Hispanic ☐ Black, Not Hispanic ☐ Other
☐ Asian/Pacific Islander ☐ American Indian/Alaskan ☐ Bi-Racial, Not Hispanic

Special Needs: ☐ Special Dietary Needs (Please list): _____

☐ No Special Dietary Needs ☐ Other Needs (Please list): _____

*For the application to be considered, **the youth must answer** the following questions to the best of their ability. Selection will be made based on the youth's answers to questions #1, 2, and 3 and the recommendation of the youth's Family Case Manager and/or IL Service Provider:*

1) In your own words:

a. Describe your current computer use. If you are not currently using a computer, describe your intended use of the computer. How would you benefit from having your own computer? (at least 100 words, attach separate sheet if necessary)

b. (1) What are your career or educational plans? (2) How will a computer be helpful in this pursuit? *(at least 125 words, attach separate sheet if necessary)*

2) Education Information

Please check all that apply to your current educational status:

- ☐ High School Student ☐ College Student ☐ Vocational/Trade School Student
☐ Enrolled in GED classes ☐ Have High School Diploma /GED ☐ Not in school
☐ Other _____

If in college, are you enrolled?

- ☐ Full time *(4 classes or more)* ☐ Part time *(less than 4 classes)*

If in vocational/trade school, are you enrolled?

- ☐ Full time ☐ Part time

If enrolled in high school, GED classes, college, or vocational/trade school, do you attend every scheduled class?

- ☐ Yes ☐ No

If no, how many scheduled classes have you missed during the current school year? _____

Provide the reason for missed classes _____

If not in school, what are your plans? _____

3) Employment/Volunteer Information

Currently employed

- ☐ Full time ☐ Part time _____ # of hours weekly

Attend work every scheduled work day unless sick ☐ Yes ☐ No

Currently unemployed

Reason for unemployment

☐ Student ☐ Never employed ☐ Laid off ☐ Quit without another job ☐ Fired

What is your plan to obtain employment? _____

Previously employed Most recent employment dates _____**Volunteer community service activities**

_____ # of hours weekly

Where do you volunteer? _____

Seasonal Volunteer activities (please specify) _____

☐ Not engaged in any volunteer activities**4) Have you received a computer through Education and Training Voucher (ETV)****funds?** ☐ Yes ☐ No

If yes, please explain the purpose of requesting to participate in this camp. _____

5) Do you enjoy learning and have the ability and self-discipline to concentrate on topics for extended periods of time? ☐ Yes ☐ No**6) How would you describe your computer skills currently?**☐ Do not use a computer ☐ Basic skills ☐ Intermediate skills ☐ Advanced skills**7) Please check the camp that you wish to be considered for:**☐ **Computer Camp 1** March 24th at Ivy Tech Community College in Fort Wayne☐ **Computer Camp 2** April 14th at Indiana State University in Terre Haute☐ **Computer Camp 3** April 21st at Ivy Tech Community College in Indianapolis**8) Name of person transporting youth** _____

Number that they can be reached at during workshop (mandatory) _____

9) Emergency Contact Name: _____

Relationship to Youth: _____

Phone number (mandatory) _____

If selected to participate in Computer Camp, I understand that I will not receive a computer at the conclusion of the camp until I have completed the entire day of camp and have adhered to all the rules and expectations set forth by the location hosting the camp and Ball State instructors.

Youth's Name Printed _____ Signature _____

IL Service Provider

Name _____

Agency _____ Phone Number _____

Address _____

Recommendations or Comments using examples of youth's level of commitment to succeed, interest in self-improvement, and progress _____

Family Case Manager

Name _____

County _____ Phone Number _____

Address _____

Recommendations or Comments using examples of youth's level of commitment to succeed, interest in self-improvement, and progress _____

By signing this application I verify that the above applicant meets the eligibility criteria on page 1. I understand that the local office of the Department of Child Services is responsible for arranging transportation to and from the computer workshop, including arrangements that will accommodate boxes containing the computer and printer the youth will receive at the conclusion of the workshop. I verify the above information is correct and if the youth is selected, transportation arrangements will be made.

Signature of Local Office Director or Designee _____ Date _____

**Please mail to the following address after approval to ensure arrival on or before
February 23rd:**

**Kellie Safford, IARCCA Institute for Excellence
5519 E. 82nd Street, Suite A
Indianapolis, IN 46250**

**Or fax before 3 pm on February 23rd:
Fax (317) 576-5498**